

PTO/SB/05 (06-03)
Approved for use through 07/31/2003. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 14972US02 First Inventor Kellerman Title MEDIA PROCESSING SYSTEM SUPPORTING DIFFERENT MEDIA FORMATS VIA SERVER-BASED TRANSCODING Express Mail Label No. EV 329 160 470 US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper 	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 13]		c. <input type="checkbox"/> Statements verifying identity of above copies	
5. Oath or Declaration <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 		9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <ul style="list-style-type: none"> <input type="checkbox"/> Power of Attorney <input type="checkbox"/> English Translation Document (if applicable) 	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Citations 	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:		12. <input type="checkbox"/> Preliminary Amendment 13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input checked="" type="checkbox"/> (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:	
Prior application information: Examiner: _____ Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS OR <input type="checkbox"/> Correspondence address below			
<input checked="" type="checkbox"/> Customer Number: 23446		Name _____	
Address _____		State _____ Zip Code _____	
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Name (Print/type) Michael T. Cruz		Registration No. (Attorney/Agent) 44,646	
Signature Michael T. Cruz		Date September 30, 2003	

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PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2003

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$1062.00)	Attorney Docket No.	14972US02
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METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES			
Deposit Account Number 13-0017 Deposit Account Name McAndrews Held & Malloy		Large Entity Fee Code Fee (\$)		Small Entity Fee Code Fee (\$)	
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Fee Description			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		1051 130 2051 65 Surcharge - late filing fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for ex parte reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action			
FEE CALCULATION		Fee Paid			
1. BASIC FILING FEE Large Entity Small Entity Fee Code (\$)		Fee Description			
1001 750 2001 375 Utility filing Fee 1002 330 2002 165 Design filing Fee 1003 520 2003 260 Plant filing fee 1004 750 2004 375 Reissue filing fee 1005 160 2005 80 Provisional filing fee		Fee Paid 750.00			
SUBTOTAL (1) (\$750.00)					
2. EXTRA CLAIM FEES		Extra Claims Fee from below Fee Paid			
Total Claims 28 - 20** = 8 x 18.00 = 144.00					
Independent Claims 8 - 3** = 2 x 84.00 = 168.00					
Multiple Dependent					
Large Entity Small Entity Fee Code (\$)		Fee Description			
1202 18 2202 9 Claims in excess of 20					
1201 84 2201 42 Independent claims in excess of 3					
1203 280 2203 140 Multiple dependent claim, if not paid					
1204 84 2204 42 **Reissue independent claims over original patent					
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) (\$312.00)			
*or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3) (\$)			

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SUBTOTAL (3) (\$)

Complete (if applicable)

SUBMITTED BY		Michael T. Cruz	Registration No. (Attorney or Agent)	44,636	Telephone	312-775-8000
Name (Print/Type)						
Signature		Michael T. Cruz			Date	9/30/03

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